



4-7-06

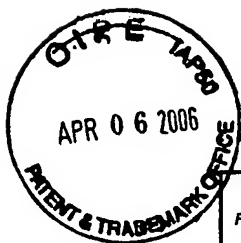
IFC 1643\$

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/071,510 - Conf. #3451
	Filing Date	February 8, 2002
	First Named Inventor	Edwin CLARK
	Art Unit	1643
	Examiner Name	S. L. Rawlings
	Attorney Docket Number	MRI-027
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration, Petition and Power of Attorney (9 pages) Appendix A (1 reference) Substitute Specification (1 clean, 1 marked showing changes) Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD LLP		
Signature			
Printed name	Maria Laccotripe Zacharakis, Ph.D., J.D.		
Date	April 6, 2006	Reg. No.	56,266



PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/071,510 - Conf. #3451
		Filing Date	February 8, 2002
		First Named Inventor	Edwin CLARK
		Examiner Name	S. L. Rawlings
		Art Unit	1643
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	MRI-027
TOTAL AMOUNT OF PAYMENT		(\$)	1,020.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Filing Fees	Small Entity	Search Fees	Small Entity	Examination Fees	Small Entity	Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims							Fee Paid (\$)
16 - 76 = 0 x = 0							
Indep. Claims							Fee Paid (\$)
2 - 12 = 0 x = 0							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x				
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,020.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,266
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.D., J.D.	Telephone	(617) 227-7400
		Date	April 6, 2006